

COMMERCIAL APPLICATION CHECKLIST

Job Address _____ Date Submitted _____ BP# _____

TO BE COMPLETED BY APPLICANT:

| | YES | N/A | FOR OFFICE USE ONLY ARE PLANS COMPLETE? (REVIEWER MUST CIRCLE & INITIAL) | | | |
|--|-------|-------|--|-------|----------|----------|
| | | | ORG | SUBD | UPDATE 1 | UPDATE 2 |
| 1. Commercial Application filled out completely for each building | _____ | _____ | Y N | _____ | Y N | _____ |
| 2. Structural plans or structural verification, sealed by Engineer if required | _____ | _____ | Y N | _____ | Y N | _____ |
| 3. Complete Architectural Plans, including key floor plan | _____ | _____ | Y N | _____ | Y N | _____ |
| 4. Historic Landmark Commission letter of approval w/1 set of approved architectural plans | _____ | _____ | Y N | _____ | Y N | _____ |
| 5. Building Design Calculation Worksheet | _____ | _____ | Y N | _____ | Y N | _____ |
| If Green Building Options are required, Submit GBP Conditional Approval letter signed & sealed by project architect & attached to each set of Plans with Building Plan application | | | Y N | _____ | Y N | _____ |
| 6. Complete Mechanical Plans: | | | | | | |
| a. HVAC | _____ | _____ | Y N | _____ | Y N | _____ |
| b. Stove hood(s) | _____ | _____ | Y N | _____ | Y N | _____ |
| c. Walk-in cooler(s) / freezer(s) | _____ | _____ | Y N | _____ | Y N | _____ |
| 7. Complete Plumbing Plans/Med Gas Plans | _____ | _____ | Y N | _____ | Y N | _____ |
| 8. Water/Wastewater Tap Receipts OR Approval Document for OSSF | _____ | _____ | Y N | _____ | Y N | _____ |
| 9. Complete Electrical Plans | _____ | _____ | Y N | _____ | Y N | _____ |
| 10. 2 sets of complete Lighting , Envelope and/or Mechanical energy calculations (Comcheck-EZ) | _____ | _____ | Y N | _____ | Y N | _____ |
| 11. 2 sets of the Health Department letter with stamped plans | _____ | _____ | Y N | _____ | Y N | _____ |
| 12. 2 sets of the WWW Industrial Waste letter w/stamped plans | _____ | _____ | Y N | _____ | Y N | _____ |
| 13. 3 sets of approved red-stamped Site Plan OR 3 sets of the DAC approved Site Development Exemption w/plot plans | _____ | _____ | Y N | _____ | Y N | _____ |
| 14. 3 sets of the Concurrent letter and 3 copies of the submitted site plan (the same plan that is submitted to Site Plan for review) | _____ | _____ | Y N | _____ | Y N | _____ |
| 15. 3 copies of the Electric Service Planning Application form signed by the Austin Energy Utility Official | _____ | _____ | Y N | _____ | Y N | _____ |
| 16. Original stamped approved plans (<i>for Revisions only</i>) | _____ | _____ | Y N | _____ | Y N | _____ |
| 17. Texas Accessibility Standards (TAS) required (residential projects, multi-family projects, and commercial projects less than \$50,000 are exempted) | _____ | _____ | Y N | _____ | Y N | _____ |
| 18. Texas Department of Health (TDH) Demolition/Renovation Notification Form or Asbestos letter (see submittal requirements) | _____ | _____ | Y N | _____ | Y N | _____ |

I acknowledge that all submittal items listed above are included if required for my project. I am aware that if it is determined that any required item is not included in this submittal, I may be subject to an **ADDITIONAL \$325 UPDATE FEE**. *I agree that this building plan review application will expire on the 181st day after the date that the application is filed.*

You are strongly encouraged to check with the Plan Reviewers if you are unsure of what is required.

APPLICANT: _____ **DATE:** _____